



## PART B - FEE(S) TRANSMITTAL

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22509 7590 05/04/2004  
MICHAEL E. KLICPERA  
PO BOX 573  
LA JOLLA, CA 92038-0573

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Michael E. Klicpera (Depositor's name)  
Michael E. Klicpera (Signature)  
05/10/2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/733,563	12/08/2000	Peter Baruth	70762.01	3223

TITLE OF INVENTION: METHOD AND COUPLING APPARATUS FOR FACILITATING AN VASCULAR ANASTOMOSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/04/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JACKSON, GARY	9731	606-153000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael E. Klicper

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 2

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(Authorized Signature)

(Date)

Michael E. Klicpera 05/10/2004

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01 FC:1504 300.00 DA

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01 FC:8001 6.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PAGE 1H \* RCVD AT 5/11/2004 11:25:14 AM (Eastern Daylight Time) \* SVR:USPTO-EFXRF-2/1 \* DNS:7464000 \* CSID: \* DURATION (mm:ss) 00:52

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